STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017736	A. BUILDING: _____ B. WING _____	R-C 01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA CARE LILAC STREET	171 WESTFIELD OSHKOSH, WI 54902

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{M 000}	INITIAL COMMENTS A verification visit and standard survey was conducted at Vista Care Lilac Street on 01/21/2026 with additional information gathered through 01/29/2026. As a result of this visit the previous deficiency was corrected and two new deficiencies were identified during the visit. Per state statutes a $200.00 revisit fee was assessed. Census: 2	{M 000}		
M 380	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the licensee shall ensure that a new resident of an adult family home receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a registered nurse or a physician assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure one (Resident 1) of two residents reviewed were screened for communicable disease, including tuberculosis. Findings include: The facility has been licensed by the department	M 380		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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M 380	Continued From page 1	M 380		

since 08/02/2019 as an AFH (Adult Family Home) serving a maximum of 4 residents who are physically disabled, developmentally disabled, have traumatic brain injury or emotionally disturbed/mental illness. At the time of the visit the facility was home to 2 residents.

On 01/21/2026, Surveyor conducted a standard licensing survey at the home. During a review of the AFH records Surveyor noted the following:

*Resident 1 was admitted to the facility on 10/16/2023.

The record for Resident 1 did not include documentation s/he was screened for communicable disease, including tuberculosis.

On 01/22/2026 at approximately 8:55 AM, Surveyor interviewed Residential Manager A regarding the above missing documentation. Residential Manager A indicated s/he could not locate the documentation to confirm Resident 1 was screened for communicable disease, including tuberculosis, but would continue to look for the missing information.

On 01/29/2026 at 12:33 PM, Residential Manager A verified s/he could not find documentation Resident 1 was screened for communicable disease, including tuberculosis. Residential Manager A stated, "I recently took over this home. The previous supervisor who admitted [Resident 1] did not upload the documents in the computer before [s/he] left...I will have to send [Resident 1] in to get a new communicable disease screen and TB test."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 384	Continued From page 2	M 384		
M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not ensure 1 of 1 resident reviewed (Resident 1) had a service agreement completed prior to admission, signed and dated by the licensee and guardian or designated representative. Residents 1's record did not contain a service agreement. Findings include: On 01/22/2026, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted to the facility on 10/16/2023. Resident 1's record identified the resident had a guardian. Resident 1's record did not include a service agreement. On 01/22/2026 at 8:55 AM, Surveyor requested Resident 1's service agreement from Residential Manager A. Residential Manager A indicated s/he could not locate the service agreement for	M 384		

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M 384	Continued From page 3 Resident 1, but would continue to look for the missing information. On 01/29/2026 at 12:33 PM, Residential Manager A verified s/he could not find the service agreement for Resident 1. Residential Manager A stated, "I recently took over this home. The previous supervisor who admitted [Resident 1] did not upload the service agreement in the computer before [s/he] left...I will have to do a new admission agreement for [Resident 1]."	M 384		